

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

3847

1. PLACE OF DEATH- COUNTY <u>KENT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>KENT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CHESTERTOWN, MARYLAND</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CHESTERTOWN, MARYLAND</u>	
HOSPITAL OR INSTITUTE OR STREET ADDRESS <u>NONE</u>		STREET ADDRESS (If rural, give location) <u>206 WASHINGTON AVENUE</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>CHARLES</u> (Middle) <u>ARTHUR</u> (Last) <u>BACON</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>11/6/1888</u>
9. AGE last birthday <u>63</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>KENT COUNTY, MARYLAND</u>	
11. BIRTHPLACE (State or foreign country) <u>KENT COUNTY, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>GEORGE F. BACON</u>		14. MOTHER'S MAIDEN NAME <u>ALICE MILLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>213-18-4946</u>	
17. INFORMANT AND ADDRESS <u>MRS. C. ARTHUR BACON</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

20 MIN.

Antecedent cause(s)

(b) CORONARY ARTERIOSCLEROSIS & INSUFFICIENCY3 YEARS

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

NONE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Did not attend, 19....., to 6:30, 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at..... m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 5-1951Clara S. BarnesEdgar L. Lane Church Hill Md

490 667

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

3848

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH- COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Millington</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Millington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Addie</u> (Middle) <u>Clark</u> (Last) <u>Dixon</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>10</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 18, 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	9. AGE last birthday <u>88</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>John Clark</u>		17. BIRTHPLACE (State or foreign country) <u>Delaware</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>none</u>	
14. MOTHER'S MAIDEN NAME <u>Sarah Clayton</u>		17. INFORMANT AND ADDRESS <u>Cooper Dixon, Millington, Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Myocardial Insufficiency</u>			<u>3 mo</u>
Antecedent cause(s) <u>due to</u>			<u>10 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Senile Myocarditis with arteriosclerosis</u>			<u>(?)</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1957, to 10 Jan., 1957, that I last saw the deceased alive on 10 Jan., 1957, and that death occurred at 7:05 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>April 13, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Millington</u>	LOCATION (City, town, or county) <u>Millington</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>4/12/57</u>	REGISTRAR'S SIGNATURE <u>Edward Fellows</u>	24. FUNERAL DIRECTOR <u>Edward Fellows</u> ADDRESS <u>Millington, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

720826

RECEIVED
APR 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY <u>KENT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>KOCK HALL</u> COUNTY <u>KENT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>RURAL ROCK HALL</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>MD.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>TOLCHESTER ROAD</u>		STREET ADDRESS (If rural, give location) <u>TOLCHESTER ROAD</u>	
3. NAME OF DECEASED (Type or Print) <u>David Benjamin Joiner</u>		4. DATE OF DEATH <u>April 8 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12/10/77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATERMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WATER</u>	9. AGE last birthday <u>73</u> yrs. If under 1 year: Months Days Hours Min.
13. FATHER'S NAME <u>John Joiner</u>		14. MOTHER'S MAIDEN NAME <u>Emilie Walcott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>218-20-6257</u>	
		17. INFORMANT AND ADDRESS <u>DAUGHTER HAZEL CARTER ROCK HALL</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) CA of INTESTINE

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CHRONIC ENDO-MYOCARDITIS

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

NONE (BRONCHITIS)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE	(Specify) <u>NO</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.)	INJURY <u>H</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
				<u>ROCK HALL</u>	<u>KENT</u>	<u>MD</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov, 1950, to April 8, 1951, that I last saw the deceased

alive on April 7, 1951, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE a.a. Bugard (Degree or title) M.D. ADDRESS Rock Hall, MD. DATE SIGNED APRIL 12, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>SURIAL</u>	<u>4/11/51</u>	<u>Wesley Chapel</u>	<u>Rock Hall</u>	<u>MD.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/11/51</u>	<u>J. Shwood Longue</u>	<u>Edgar E. Sane Church Hill</u>	<u>623546 Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 20 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

3850

1. PLACE OF DEATH COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chestertown</u> LENGTH OF STAY (In this place) <u>most of life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chestertown</u> (rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Broadneck section</u>		STREET ADDRESS (If rural, give location) <u>Broadneck</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Edward</u> (Middle) <u>--</u> (Last) <u>Kinsey</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 20, 1889</u>
9. AGE last birthday <u>62</u> yrs.		10. If under 1 year: Months <u>13</u> Days <u>19</u> Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Kinsey</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Reynolds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Edward Kinsey</u>		<u>Chestertown, Md</u> <u>Broadneck</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Organic heart trouble</u>					
Antecedent cause(s) (b) <u>444X</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>95c</u>		<u>Hyper tension</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE <u>yes</u>		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-3, 1950, to 4-13, 1951, that I last saw the deceased alive on 4-12, 1951, and that death occurred at 4-13, 1951, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N.P. Behlendorf Chester town Kent
23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial April 16, 1951 Chester Cem. Chestertown, Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
April 14-1951 Clara S. Barnes J. Willis Wells - Chestertown, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
APR 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

3851

1. PLACE OF DEATH COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rock Hall</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rock Hall</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Main St.</u>		STREET ADDRESS (If rural, give location) <u>—</u>	
3. NAME OF DECEASED (Type or Print) <u>Erin H. Sanimon</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>30</u> (Year) <u>1967</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 2 1903</u>
9. AGE last birthday <u>47</u> yrs.		10. AGE last birthday If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Rock Hall, Kent Co. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Tilghman Hubbard</u>		14. MOTHER'S MAIDEN NAME <u>Bella Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>218-20-7898</u>	
17. INFORMANT AND ADDRESS <u>Home W. Sanimon - Rock Hall</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Carcinoma Stomach</u>		<u>about one year</u>	
Antecedent cause(s) (b) <u>no history</u>			
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>Feb 1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>April 8, 1957</u> , to <u>April 30, 1967</u> , that I last saw the deceased alive on <u>April 30, 1967</u> , and that death occurred at <u>10:30 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>E. Koster</u>		ADDRESS <u>Rock Hall</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 3 1967</u>	
NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel Am.</u>		LOCATION (City, town, or county) (State) <u>Rock Hall, Kent Co. Md.</u>	
DATE REC'D BY LOCAL REG. <u>May 3/57</u>		REGISTRAR'S SIGNATURE <u>J. Elwood Brubaker</u>	
23. FUNERAL DIRECTOR <u>Marion V. Williams - Chestnut</u>		ADDRESS <u>Ind.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY <u>Kent Co.</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Morton</u> COUNTY <u>West</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Chestertown Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>—</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent Deen Ann's Hospital</u>		STREET ADDRESS (If rural, give location) <u>—</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles Edward Mench</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>30</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 14, 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	9. AGE last birthday <u>88</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Chestertown Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Lewis Mench</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ellen Roden Heiser</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Louis Mench</u>		<u>Worton Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Circulatory failure3 hrs

Antecedent cause(s)

(b) Postoperative shock12 hrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Chronic myocarditis; hypertension.?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis; cholecystitis; cholelithiasis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

4-29-51Acute cholecystitis & cholelithiasisYes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1951, to 4-30, 1951, that I last saw the deceased alive on 4-30, 1951, and that death occurred at P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

my 2-1951Clara S. Barnes.B. R. Hollows, Still Pond510246 Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 4 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

3853

1. PLACE OF DEATH- COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown, Md.</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Philosophers Terrace</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u> TOWN STREET ADDRESS (If rural, give location) <u>Philosophers Terrace</u>	
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u> (First) <u>VERNON</u> (Middle) <u>MOFFETT</u> (Last)		4. DATE OF DEATH <u>4/13</u> (Month) (Day) (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug. 10, 1896</u> 60 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>		11. BIRTHPLACE (State or foreign country) <u>Kent County</u>	
13. FATHER'S NAME <u>Robert Moffett</u>		14. MOTHER'S MAIDEN NAME <u>Clara Adelle Baldwin</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>213-03-3008</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Robert V. Moffett. Same.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Uremia

Antecedent cause(s)

(b)

Chronic Pyelonephrosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to 4/13, 1951, that I last saw the deceasedalive on 4/12, 1951, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 13-1951Clara S. Barnes.J. Willis Wells-Chestertown, Md.

644-527

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH- COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Chestertown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kentland Queen Anns</u>		STREET ADDRESS (If rural, give location) <u>Flatland</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Margaret</u> (Middle) <u>Ann</u> (Last) <u>Morris</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>7</u> (Year) <u>1957</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 15, 1881</u>
9. AGE last birthday <u>80 yrs.</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Kent County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>Victor Hendrickson</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Cornelia Ford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Hospital Records</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

30 min.10 years15 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Acute cholecystitis & cholelithiasis
Common duct stones & cholelithiasis4 days4 days

19a. DATE OF OPERATION

April 6, 1957

19b. MAJOR FINDINGS OF OPERATION

Acute cholecystitis & cholelithiasis; acute cholelithiasis & cholelithiasis

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

OF INJURY

INJURY OCCURRED

While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1957, to 4-7, 1957, that I last saw the deceasedalive on 4-7, 1957, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE

A.C. Dick

(Degree or title)

M.D.

ADDRESS

Chestertown, Md.

DATE SIGNED

4-7-57

23. BURIAL CREMATION REMOVAL (Specify)

Burial

DATE THEREOF

Apr. 9, 1957

NAME OF CEMETERY OR CREMATORY

Chester Cem.

LOCATION (City, town, or county)

Chestertown, Md.

(State)

DATE REC'D BY LOCAL REG.

April 8-1957

REGISTRAR'S SIGNATURE

Clara L. Barnes

24. FUNERAL DIRECTOR

J. Willis Wells

ADDRESS

Chestertown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1951
BUREAU V. B.